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Crow River Area Learning Center

Welcome to the Crow River ALC Homepage. Please select the links to the left for further information. Please contact us if you have any questions.

Located within:

Hutchinson High School
1200 Roberts Road SW
Hutchinson, MN 55350
P: 320-234-2653
F: 320-587-8217



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To Learn More About CRALC

Contacts:

Director

Michael Scott michael.scott@hutch.k12.mn.us

320-234-2692

Secretary

Sarah McGraw sarah.mcgraw@hutch.k12.mn.us

320-234-2691



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Admission Requirements

Admission to the CRALC Program is based on meeting one or more of the following requirements:

- Applicant has performed substantially below the performance level for pupils of the same age in a locally determined achievement test.
- Applicant is behind in satisfactorily completing coursework or obtaining credits for graduation.
- Applicant is pregnant or is a parent.
- Applicant has been assessed as chemically dependent.
- Applicant has been excluded or expelled.
- Applicant has been a victim of physical or sexual abuse.
- Applicant has experienced mental health problems.
- Applicant has been homeless sometime in the past six (6) months before requesting a transfer to an eligible program.
- Applicant has limited English proficiency or speaks English as a second language.
- Applicant is being referred by a school district for enrollment in an eligible program.
- Applicant has been chronically truant or has withdrawn from school.
- Applicant is being treated in a hospital in the seven-county metropolitan area for cancer or other life threatening illness or is the sibling of an eligible pupil who is being currently treated, and resides with the pupil's family at least 60 miles beyond the outside boundary of the seven-county metropolitan area.



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2013-2014 Night School Calendar

- The CRALC Night School offers classes Monday - Thursday nights from 3:00 to 6:00 PM and follows the Hutchinson High School calendar.
- Classes are held in the Hutchinson High School Media Center.
- Registration is on-going throughout the school year.
- Expect to start classes one day after you have completed registration.
- Expect to complete each course within the school year in which you begin the course.
- Students attending night courses at the CRALC must report to class on time.
- Monday, September 9, 2013, Night School Classes Begin.
- CRALC Night School will NOT meet on days when day school is not in session (i.e. snow days, early releases for weather, holidays, breaks, etc.).
- **Thursday, May 29, 2013, Night School Classes End**

CRALC will not hold classes on the following dates:

- Tuesday, October 15, 2013--For Conferences
- Wednesday, October 16, 2013--For Conferences
- Thursday, October 17, 2013--Professional Organization Meetings
- Wednesday, November 27, 2013--Thanksgiving
- Thursday, November 28, 2013--Thanksgiving
- Monday, December 23, 2013, through Wednesday, January 1, 2014--Winter Break
- Thursday, January 16, 2014--For Conferences
- Monday, January 20, 2014--Martin Luther King Day
- Monday, February 17, 2014--President's Day
- Monday, March 10, 2014, through Thursday, March 13, 2014--Spring Break
- Thursday, April 24, 2014--For Conferences
- Monday May 26, 2014--Memorial Day



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Credit Options

A student may receive .5 credits for each course successfully completed. Students may receive a credit under two options.

The first is through credit recovery. Under this model, a student who has previously taken a course and didn't receive a passing grade will take a diagnostic test to determine which portion of that course he/she still needs to meet proficiency to achieve credit in the course. Course work based upon this diagnostic test will be created. In addition to course work being created from the diagnostic test, the teacher will also look at what work wasn't completed in the initial failed course to determine what work still needs to be completed to achieve credit. In the credit recovery model, a grade of "S" (satisfactory) or NC (no credit) will be awarded. An "S" carries no GPA weight.

The second option is for a student to take the entire course again to receive a letter grade of A, B,C, D or F. This letter grade will carry a GPA weight.

CROW RIVER AREA LEARNING CENTER

1200 ROBERTS ROAD SW, HUTCHINSON, MN 55350 · PH 320-234-2653 FAX 320-587-8217

STUDENT REGISTRATION FORM

FOR OFFICE USE ONLY

1yr	2GR	C	DO	ELL	HL6	MH	P	PSA	R	TR
MARRS IDENTIFICATION NUMBER:								GSY:		
SENT TO C. O. <input type="checkbox"/>		RECORDS ORDERED? YES NO		LIVE WITHIN ISD 423? YES NO			RESIDENT DISTRICT:			
SCHOOL YR _____		CURRENT GRADE _____		SCHOOL YR _____			CURRENT GR _____			
START DATE _____/_____/_____		END DATE _____/_____/_____		START DATE _____/_____/_____			END DATE _____/_____/_____			
END REASON: _____		END REASON: _____		END REASON: _____			END REASON: _____			
<input type="checkbox"/> DAY		<input type="checkbox"/> NIGHT SCHOOL		<input type="checkbox"/> SUMMER SCHOOL		<input type="checkbox"/> DAY		<input type="checkbox"/> NIGHT SCHOOL		<input type="checkbox"/> SUMMER SCHL

STUDENT INFORMATION									
LAST NAME			FIRST NAME			MIDDLE NAME			
OTHER NAMES (IF DIFFERENT FROM ABOVE)			STUDENT'S HOME PHONE (AREA CODE)			STUDENT'S CELL PHONE (AREA CODE)			
STREET ADDRESS & APT #					CITY, STATE, ZIP				
STUDENT'S AGE	BIRTHDATE (MM/DD/YY)		BIRTHPLACE CITY/STATE			STUDENT'S SOCIAL SECURITY NO.			
STUDENT'S PRIMARY LANGUAGE		CHECK ONE: _____ 1. AMERICAN INDIAN _____ 2. ASIAN _____ 3. HISPANIC					SEX: MALE FEMALE		
		4. AFRICAN AMERICAN _____ 5. WHITE (NOT HISPANIC)							
NEW U.S. RESIDENT INFORMATION:									
<input type="checkbox"/> REFUGEE <input type="checkbox"/> IMMIGRANT <input type="checkbox"/> MIGRANT <input type="checkbox"/> TEMPORARY RESIDENT? YES NO DATE ENTERED THE US: / /									

PARENT/GUARDIAN INFORMATION									
WITH WHOM DO YOU LIVE? (CIRCLE ONE) BOTH PARENTS MOTHER FATHER FATHER/STEPMOTHER									
MOTHER/STEPFATHER FOSTER PARENT(S) GUARDIAN OTHER: _____									
PARENT/ GUARDIAN	NAME			HOME PHONE (AREA CODE)			CELL PHONE (AREA CODE)		
	STREET ADDRESS			CITY, STATE, ZIP			HOME EMAIL ADDRESS		
	EMPLOYER			WORK PHONE			WORK EMAIL ADDRESS		
PARENT/ GUARDIAN	NAME			HOME PHONE (AREA CODE)			CELL PHONE (AREA CODE)		
	STREET ADDRESS			CITY, STATE, ZIP			HOME EMAIL ADDRESS		
	EMPLOYER			WORK PHONE			WORK EMAIL ADDRESS		

SCHOOL INFORMATION									
LIST ALL HIGH SCHOOLS YOU HAVE ATTENDED. INCLUDE CITY AND STATE IF OUT OF TOWN, CIRCLE THE LAST SCHOOL ATTENDED.									
ARE YOU CURRENTLY ATTENDING ANY OTHER SCHOOL? YES NO				DO YOU PLAN TO RETURN? YES NO			IF YES, WHEN?		
COUNSELOR'S NAME:					LAST GRADE COMPLETED				
HAVE YOU EVER RECEIVED SPECIAL EDUCATION SERVICES? YES NO				DO YOU HAVE A CURRENT IEP? YES NO			CASE MANAGER'S NAME:		

EMPLOYMENT INFORMATION									
ARE YOU EMPLOYED? YES NO		HOURS PER WEEK		NAME OF EMPLOYER			NAME OF SUPERVISOR		
ADDRESS OF EMPLOYER					CITY, STATE, ZIP			PHONE NUMBER	

GENERAL INFORMATION

DO YOU HAVE A PROBATION OFFICER? YES NO	IF YES, NAME OF PROBATION OFFICER	PHONE OF PROBATION OFFICER
DO YOU RECEIVE ANY OF THE FOLLOWING? (CIRCLE ALL THAT APPLY):		
FOOD STAMPS	WIC	OTHER, SPECIFY _____
MA GA MFIP SOC SEC		
DO YOU HAVE SPECIAL HEALTH PROBLEMS THAT WOULD AFFECT PERFORMANCE OR ATTENDANCE? IF SO, WHAT AND/OR HOW?		
LIST THE NAME OF ANY AGENCY OR SERVICE PERSONNEL YOU WORK WITH OUTSIDE OF SCHOOL, SUCH AS SOCIAL WORKER, COUNSELOR, OR THERAPIST:		
HAVE YOU PASSED THE MN BASIC SKILLS TESTS? _____ READING _____ MATH _____ WRITING _____		

ENTRANCE ELIGIBILITY (STUDENT MUST FIT AT LEAST ONE OF THE FOLLOWING CRITERIA, CHECK ANY THAT APPLY)

<input type="checkbox"/> Performing substantially below performance level of pupils the same age <input type="checkbox"/> At least one (1) year behind in satisfactorily completing course work <input type="checkbox"/> A senior who is short credit(s) for graduation <input type="checkbox"/> Pregnant or a parent (If pregnant, estimated due date: ____/____/____) <input type="checkbox"/> Been assessed as chemically dependent <input type="checkbox"/> Been physically or sexually abused <input type="checkbox"/> Experienced mental health problems	<input type="checkbox"/> Been homeless sometime in the last six (6) months <input type="checkbox"/> Limited English proficiency or speak English as a second language <input type="checkbox"/> Been referred by a school district for enrollment in an ALC program <input type="checkbox"/> Been chronically truant or have withdrawn from school <input type="checkbox"/> Been excluded or expelled
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YOUR RECORDS MUST BE RECEIVED TO VERIFY ANY REFERRAL OR PLACEMENT

<p>PARENT EVALUATION Please rate your student in the following areas. (1 being VERY LOW and 5 being VERY HIGH)</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>Motivation to graduate</td><td>1</td><td>2</td><td>4</td><td>5</td></tr> <tr><td>Attendance</td><td>1</td><td>2</td><td>4</td><td>5</td></tr> <tr><td>Organization</td><td>1</td><td>2</td><td>4</td><td>5</td></tr> <tr><td>Study Skills (taking tests, taking notes, etc.)</td><td>1</td><td>2</td><td>4</td><td>5</td></tr> <tr><td>Getting along with peers</td><td>1</td><td>2</td><td>4</td><td>5</td></tr> <tr><td>Getting along with authority figures</td><td>1</td><td>2</td><td>4</td><td>5</td></tr> <tr><td>Involvement in extra curricular activities</td><td>1</td><td>2</td><td>4</td><td>5</td></tr> <tr><td>Behavior/Self Control</td><td>1</td><td>2</td><td>4</td><td>5</td></tr> </table>	Motivation to graduate	1	2	4	5	Attendance	1	2	4	5	Organization	1	2	4	5	Study Skills (taking tests, taking notes, etc.)	1	2	4	5	Getting along with peers	1	2	4	5	Getting along with authority figures	1	2	4	5	Involvement in extra curricular activities	1	2	4	5	Behavior/Self Control	1	2	4	5	<p>STUDENT EVALUATION Please rate yourself in the following areas. (1 being VERY LOW and 5 being VERY HIGH)</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>Motivation to graduate</td><td>1</td><td>2</td><td>4</td><td>5</td></tr> <tr><td>Attendance</td><td>1</td><td>2</td><td>4</td><td>5</td></tr> <tr><td>Organization</td><td>1</td><td>2</td><td>4</td><td>5</td></tr> <tr><td>Study Skills (taking tests, taking notes, etc.)</td><td>1</td><td>2</td><td>4</td><td>5</td></tr> <tr><td>Getting along with peers</td><td>1</td><td>2</td><td>4</td><td>5</td></tr> <tr><td>Getting along with authority figures</td><td>1</td><td>2</td><td>4</td><td>5</td></tr> <tr><td>Involvement in extra curricular activities</td><td>1</td><td>2</td><td>4</td><td>5</td></tr> <tr><td>Behavior/Self Control</td><td>1</td><td>2</td><td>4</td><td>5</td></tr> </table>	Motivation to graduate	1	2	4	5	Attendance	1	2	4	5	Organization	1	2	4	5	Study Skills (taking tests, taking notes, etc.)	1	2	4	5	Getting along with peers	1	2	4	5	Getting along with authority figures	1	2	4	5	Involvement in extra curricular activities	1	2	4	5	Behavior/Self Control	1	2	4	5
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STUDENT QUESTIONS

WHAT ARE YOUR CAREER GOALS:

STATE SOME OF YOUR AREAS OF STRENGTH:

STATE SOME OF YOUR AREAS IN NEED OF IMPROVEMENT OR GROWTH:

STATE YOUR EXPECTATIONS FOR THE ALC PROGRAM:

I understand that acceptance into the ALC program is a trial placement and continued enrollment is dependent upon satisfactory cooperation, academic progress and attendance. I know that I am expected to make a genuine commitment to completing my credits. Therefore, I wish to apply for admission to the Crow River Area Learning Center (CRALC) to earn the credits that I need for a high school diploma.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(if under 18 years of age)

updated 10/2008; kil

Course Request Form

Comments:

Request is for:

- ALC Day School
- ALC Night School

Needs to Complete :
On current schedule :
Completed :

Needs to Complete	On current schedule	Completed

English

- English 9A
- English 9B
- English 10A
- English 10B
- English 11A
- English 11B
- English 12A
- English 12B

Needs to complete :
On current schedule :
Completed :

Needs to complete	On current schedule	Completed

Math

- Pre-Algebra A
- Pre-Algebra B
- Algebra I A
- Algebra I B
- Geometry A
- Geometry B
- Algebra II A
- Algebra II B

Science

- Physical Science- Chemistry 9
- Physical Science- Physics 9
- Physical Science- Earth Science 9
- Biology A
- Biology B
- Environmental Science

Social Studies

- American Government
- American History 9A
- American History 9B
- American History 10A
- American History 10B
- Geography
- World History or Ancient World History

Electives

- Industrial Technology
- Scholastic Reading
- Occupational Relations
- On the Job Training
- Other Electives

Health

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Physical Education

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Counselors Signature
